

STATE TITLE V BLOCK GRANT NARRATIVE

STATE: PW

APPLICATION YEAR: 2006

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I. GENERAL REQUIREMENTS

A. LETTER OF TRANSMITTAL

The Letter of Transmittal is to be provided as an attachment to this section.

B. FACE SHEET

A hard copy of the Face Sheet (from Form SF424) is to be sent directly to the Maternal and Child Health Bureau.

C. ASSURANCES AND CERTIFICATIONS

The Certifications will be mailed in with the Face Sheet as they will need to be signed along with the Face Sheet.

D. TABLE OF CONTENTS

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published June, 2003; expires May 31, 2006.

E. PUBLIC INPUT

Public Input documentations have been attached.

II. NEEDS ASSESSMENT

In application year 2006, the Needs Assessment must be provided as an attachment to this section.

III. STATE OVERVIEW

A. OVERVIEW

//2004// - Health services in the Republic of Palau continues to be heavily subsidized by the Government. However, a great proportion of this budget goes into funding of secondary and tertiary medical services. Almost all funding that goes into supporting Title V-MCH basic services are derived from U.S. Federal and other bi-lateral and multi-lateral sources. Below is Budgetary Distribution by Level of Care

Health Budget as a Percentage of Total National Budget 11.2%

Per Capita Expenditure on Health) \$339

% of household earning less than \$2,500 per anum (Poverty)* 15% 11%

% of household earning less than \$5,000 per anum (Economically Vulnerable)* 10%

MOH Expenditure on:**

Medical Referral (N=130) = \$6,153

Hospital Admissions (N=2,900) = \$1,482

Primary, Preventive & Promotive Services (N=100,000) = \$9

Available services by Level of care

Under the most recent organizational structure of the Ministry of Health, Bureau of Public Health, the Maternal and Child Health Programs is under the direct management of the Chief of the Division of Primary Health Care. This division has two Administrators, Administrator of Preventive Services and Administrator of Primary Health Care Services. MCH is in a unique position in that in relation to administrative matters, the program receives its directives from the Administrator of Preventive Services and on more programmatic and service delivery wise, it is directed under the Administrator of Primary Health Care Services.

Based on this organizational chart, MCH Program provides direct services such as Prenatal and Postnatal care, Childhood Immunization Program, Gynecological and Cancer Screening Services, and Well-child services. In relation to other necessary services to improve health care for mothers and children, MCH collaborates with other divisions within the Bureau of Public Health and the Bureau of Clinical Services to provide these services. These services include mental health, dental services, promotive health services such as communicable disease prevention, nutrition education and general health education services. It also collaborates with the Bureau of Clinical Services in relation to hospital-based services such as delivery, pediatric services, and specialty and tertiary medical services. MCH Also collaborates with Head Start Program and the Ministry of Education in the provision of children's promotive health services.

Health Resources and Distribution by Level of Care:

The Ministry of Health receives its revenue from annual congressional appropriations from the Olbiil Era Kelulau. In accordance with traditional usage of health budget, population based services such as those provided by the Bureau of Public Health receives the least amount of revenue. At least three fourths (3/4) of the Bureau's budget for implementation of preventive and primary health care programs and services come from external sources through US Federal Grants, WHO funding and other multi and bi-lateral sources. As evident in the above analogy, local revenue that supports health care have their most concentration on hospital and tertiary medical services. MCH direct services, being part of the Division of Primary Health Care under the Bureau of Public Health competes for local resources that funds primary health care. Looking at the above chart, it is the \$.9 million dollars that supports close to 100,000 encounters each year.

Available Primary and Preventive Services in the Family Health Unit (Title V-MCH Program) - All service sites.

Preventive/Promotive Activities

Childhood Immunization

Prenatal Services

Birthing/Parenting Activities

Postpartum Services

Women's Health Services

Family Planning

Well-baby Services

CHSCN Services

Home Health & Geriatric Serv.

Behavioral Health Services

PH Clinics

Available specialties and sub-specialties in Family Health Unit:

Physicians (Pediatrician/ObGyn)

Interns/Residents (General Practice)

Nurse Practitioners (Women's Health)

Nurses

Social Workers

Health Educators

Nutritionists

Counselors

Lab Technicians

X-Ray Technicians

Clerks

Psychiatry (referral basis)

Hospital Based Services =

Delivery

Pediatric Services - hospital based

Audiology/ENT Services

Specialty Clinics

Emergency Medical Services

Urgent Care Services

Medical Records

Data Management

Financing/Finance Management

Tertiary Medical Care

Medical Referral

Intensive Care services

for pediatric, Adolescents and women

Tripler Army Med. Center

Philippine Hospitals

B. AGENCY CAPACITY

//2004// - The Republic of Palau's Family Health Unit implement the Maternal and Child Health

Program. Services in this Unit comprised of services geared toward Family well-being including but not limited to Women and men of reproductive age group such as Obstetrics and Gynecology for women and male health primary and preventive services, Prenatal Services, Postnatal and reproductive health services (male/female), Well Child Services for infants, children, which includes immunization, and services for children with Special Health Needs. Services for adolescent is provided in collaboration with the School Health program that is part of the Primary Care Division. As part of the School Health improvement, a school-based clinic which opened in 1999 within the campus of the only public High School in Palau. This clinic is within walking distance for student at the Palau Community College who makes frequent use of this facility. An additional clinic was opened in Harris Elementary School in 2001. Behavioral Health Services are accessed on an as-needed basis. Family Health Unit is becoming a strong partner in Adolescent health services. The Unit also worked in partnership with Milad'l Dil and implemented a pilot hotline service in 2004. We also have created an Adolescent Health Collaborative Program as another component of of Family Health Unit programs. We hired a coordinator and have worked to implemented many school based preventive and promotive activities. The coordinator also works as a part time counselor/social worker in the schools and the community. She also works with the Office of Probation with those children who comes in contact with the law and requires intervention. A Family Health Care Coordinator who was hired in 2002 has continued to work to improve our services for families and especially children. We also implemented PRAMS-like survey in 2003 and in 2004 our results were assesed. Based on these results we h ave implemented birthing and parenting classes for expecting mothers and their husbands/partners. This class is one of the way we are implementing programs that targets at specific health risk factors, in this instance to have a positive influence on the poor birth outcome of specifically Palauan women. We are also working with elementary schools, private kindegarten and the Head Start Program to develop early care concept that intruduces and prepares children for school entry. All the schools, private and public are partnering with us in this endeavour. Also through the results of the PRAMS-like survey, we also implemented psychological/mental health evaluation of our prenatal and postnatal mothers. We partnered with the Division of Behavioral Health to provide a referral link for our moms and their families. We have 2.5FTE counselors/social workers on our staff who provide onsite/home care of our moms. Referrals for psychiatrist to visit homes are made when it becomes necessary.

Behavioral Services are now provided within the Clinic in conjunction with mental/behavioral health screening. Dental screening services for Prenatal and Well-child services are provided on-site by a permanently assigned dental nurse. Mothers and children who are found to require services are then referred to Dental Clinic for appropriate services, free of charge.

C. ORGANIZATIONAL STRUCTURE

//2004//Title V Maternal and Child Health Program is administered and implemented by the Palau's Ministry of Health, Bureau of Public Health under the Division of Primary and Preventive Services.

The Family Health Unit which operationalizes the Title V MCH program is under the Division of primary and Preventive Services; one of the four divisions under the Bureau of Public Health. The Family Health Unit Administrator oversees the unit vision and mission as they relate to the health of all MCH population including the health of Palauan families and male of reproductive age group. Presently, the administrator works under the direct supervision of the Chief of the Division of Primary and Preventive Health Services. A nurse practitioner supervises the daily supervision of clinic staff and works under the supervision of the Public Health Nurse Supervisor who is under the Office of Nursing Management. The FHU Administrator, Clinic Supervisor and the Public Health Nurse Supervisor MCH Coordinator work in collaboration with other divisions in the Bureau of Public Health to assure that services, programmatic and ministerial responsibilities to the health of the MCH population are continued in a manner that is acceptable to the public and the policy of the Palau Government. At the same time, the FHU Administrator is responsible or the preparation of annual grant application and annual report and other administrative functions. The division chief and the

director are responsible for program policy development.

The Bureau of Public Health is one of the two bureaus under the Ministry of Health and is headed by the Minister of Health. The Minister of Health is appointed by the President of the Republic of Palau.

D. OTHER MCH CAPACITY

//2004// - The Ministry of Health receives its revenue from annual congressional appropriations from the Olbiil Era Kelulau. In accordance with traditional usage of health budget, population based services such as those provided by the Bureau of Public Health receives the least amount of revenue. At least three fourths (3/4) of the Bureau's budget for implementation of preventive and primary health care programs and services come from external sources through US Federal Grants, WHO funding and other multi and bi-lateral sources. As evident in the above analogy, local revenue that supports health care have their most concentration on hospital and tertiary medical services. MCH direct services, being part of the Division of Primary Health Care under the Bureau of Public Health competes for local resources that funds primary health care. Looking at the above chart, it is the \$.9 million dollars that supports close to 100,000 encounters each year.

//2004// Other capacities ingrained in the Palau Family Health Unit, is the ability to work with other external agencies, ngo's to broaden the coverage of the MCH program. In this year, the Unit worked with the Ministry of Community and Cultural Affairs to develop a National Policy on Youth. This document contains many issues that requires the Ministry of Health, specifically the FHU to work collaboratively outside the boundaries of the MOH. The Unit also took the initiative this year to develop a collaborative Memorandum of Agreement with 17 agencies outside of MOH to create an Adolescent Health Collaborative. From this agreement, Palau High School have agreed to provide the Unit a space to house an Adolescent Health Program, along with the Division of Behavioral Health. The program will be supervised by the Chief of the Division of Behavioral Health and will work to address needs of individual students/families including group work and counseling services. From this site in the Palau High School, we will also extend our services to other schools and communities. Another initiative undertook by the Unit is the development of Policies and Procedures for the Unit. This process began last year, however, we being asked to complete the Manual for the whole life cycle. The basic parts of it for implementation of prenatal, post natal and well baby services have been completed and implemented in the 3 other super dispensaries, however, the remaining parts are being completed for implementation in the next fiscal year. The Unit also completed a Mental Health Screening tool, in collaboration with the Division of Behavioral Health. We began implementing this tool on July in our prenatal and post natal clinics. We are using the tool to identify pregnancy and post-pregnancy related depression and begin to help people before they become life long problems of women in Palau.

E. STATE AGENCY COORDINATION

//2004// - In addition to what has been mentioned in other sections of this document, we also partner with the Primary Health Care Program and have made our services available to all primary health care centers in the north and south islands of Palau. These services are available in 4 super dispensaries; 3 located in the north island of Babeldaob and one located in the south island of Peleliu. This southern dispensary is responsible for the islands of Angaur, Peleliu and the southwest islands of Hatohobei and Sonsorol. Because these last two mentioned islands are over 300 miles accross vast open ocean, field trips are conducted 4 times a year to the islands for delivery of necessary health services. There is also a nurse who is permanently assigned to these islands who provides routine prmary health care on a daily basis. Services in the northern super dispensaries are provided on a weekly basis through visits to the remote villages. These services are additonal activities we have implemented along with already existing primary health care services in these communities.

F. HEALTH SYSTEMS CAPACITY INDICATORS

//2004// - Preventive and primary care services for children

The hospitalization rate for Asthma for children under 5 years of age has been on the increase since the first indepth assessment that was completed in 2000. The rate in the last five years about doubled in 2004. In addition to asthma, other Upper Respiratory Infection type diagnosis such as pneumonia and broncho-pneumonia are also in the top five leading causes of hospitalization for children under 5. The leading cause of death for t his age group are also diagnosis in this group.

The Kotelchuk Index for prenatal care has also been low over the last five years. In the last two years, the number of mothers who have no prenatal care and just appears in Emergency Room for delivery has been going up. In 2004, the first unaccounted baby born at home, was identified after 6 months. The child was identified because the grandmother brought him to the hospital due to illness and was identified. The first case of SIDS also occurred in 2004. SIDS as a cause of death for children under one year of age has not been seen in Palau since the late 70's and early 80's. The PRAMS-like survey has instituted in 2003 and we have begun to implement activities within our Unit to try to address health issues of pregnant mothers. Other activities we have undertaken to address these issues includes parenting education/birthing education, mental/emotional health support services.

In 2003 YRBS, Obeisity in children in the early adolescent years has continued to be high. This includes the use of tobacco and tobacco products in this age group. The Tobacco program has increased its activity in tobacco use prevention in additon to offering cessation program in schools. The Family Health Unit in early 2005, along with Community Advocacy Program (CAP), has been working with the Ministry of Education to help them in incorporating health and PE curriculum into one and offering it 5-days a week at all grade levels. These are projects we have undertaken to try to address pressing health issues in our young people that has been present for a long time.

Services for children with special health needs

MCH personnel collaborate closely with other agencies outside of the Ministry of Health such as Special Education, School Health program, Head Start, and other community based organizations when necessary. The Interagency Office (SSDI funded program) is housed in the Public Health building and assist MCH Program in many coordination activities. The data for tracking of children with special health needs (CSHN) is used by the MCH program. Regular Interagency meetings are ongoing. The High Risk/CSHCN Clinics are held on a monthly basis. These clinics are collaborative in nature and its membership consist of parents, healthcare providers, case manager/social worker, special educations specialists and other specialists are invited when need is indicative.

Data Systems Development and Linkages:

We continue to work on these issues. Because Palau's population is small and the presence of technically qualified persons to assist in these activities, we resort to hiring people from outside. This has a negative impact on our development as these outside hiring do not have personal commitment to the island and thefore, after a yaer or two they would up and leave. We continue to target young Palauans who may want to go into these fields in Health and assist them in obtain scholarships so they can return and become our long-term investments in these fields.

IV. PRIORITIES, PERFORMANCE AND PROGRAM ACTIVITIES

A. BACKGROUND AND OVERVIEW

//2004// - Five Year Performance Objective

For the most part, the five year performance objectives remained the same. For those where adjustment were made, the explanations are provided in the notes section.

State "Negotiated" Five Year Performance Measures

Palau chose to keep the ten negotiated performance measures that were adopted last year. Although there were changes in the priority listing, it did not warrant changing the state negotiated performance measures.

Development of State Performance Measures

//2004//In our Family Health Conference that was recently held in June, The Bureau of Public Health decided to retain Performance Measures established in 2000 for the next five years. As mentioned earlier in other sections of this document, changing our service delivery model to be more community and family-based, resonated in this conference. Attendants of the conference's most noted comment was that the health indicators of our nation "are indicators of solutions" that people resort to doing. The problems are usually are the underlying factors that causes the indicators to appear as they are and that the health system, in order to understand these 'underlying problems, must be ingrained in communities/families lives.

Discussion of State Performance Measures

//2004//A detailed listing is provided on the negotiated performance measure table. The Negotiated Performance Measure that addresses families has been made the first measure in the order of its importance. Discussion on each of the measure is also provided in the progress report section of this application. There are no significant changes to be explained in this section.

Five Year Performance Objectives

Again, performance objectives are presented on Form 11 and explanations are provided as needed in the notes. A few of the performance objectives had to be revised and in this instance the explanation is provided in the notes.

B. STATE PRIORITIES

//2004// Palau will maintain the SNPM for another year. In 2005 we will change as indicated by the Needs Assessment.

LIST OF PALAU MCH PRIORITY NEEDS FISCAL YEAR 2004

1. To implement a national neonatal hearing screening, diagnostic and treatment as component of Family Health Unit Services.
2. To implement a national neonatal genetic screening, diagnostic and treatment services.
3. To reduce the use of tobacco among children and adolescents.

4. To reduce the rate of depression among adolescents and young adults.
5. To reduce the rate of death of children under 24 years of age.
6. To reduce the prevalence of obesity among children under 14 years of age.
7. To implement a community educator program in all communities of Palau.
8. To reduce the percentage of pre-term delivery to no more than 2 by 2010
9. To provide physical examination to all school children from grades 1 - 12th and to refer those with risk factors for appropriate intervention
10. To improve the quality of care and care coordination for children with special health care needs.

C. NATIONAL PERFORMANCE MEASURES

Performance Measure 01: *The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.*

Tracking Performance Measures [Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]					
Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	100	100	100	100	100
Annual Indicator			0	100.0	88.8
Numerator				312	230
Denominator				312	259
Is the Data Provisional or Final?				Final	Final
	2005	2006	2007	2008	2009
Annual Performance Objective	90	92	95	97	99

Notes - 2003

Palau screens children for hearing before age of 6 months. In 2003 we screened all 6 months old babies on their 6 months well-baby clinic were screened for hearing impairment. Palau chooses not to perform hearing screening at birth. The reason being that 99.9% of children with hearing problem experience this problem due to otitis media and not congenital hearing loss.

All other newborn screening are conducted based on a physician's order.

Notes - 2004

//2004// - This is the number of children who were screened for Anemia at 15 - 18 months. At this time, we do not have newborn screening program. We intend to begin this program in the 2006 fiscal year.

a. Last Year's Accomplishments

//2004// The figure here is for those children who were screened for Anemia, between 18-35 months. We also screen children for hearing at 6 months and 94.7% of 6 months old children were screened. These are the only screenings that we do at present. We have not done newborn hearing screening nor genetic screening on infants in the past years.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Secure funds and develop capacity/infrastructure to carry out activities				X
2. Train key medical staff to carry out activity				X
3. Carry out activity			X	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2004// - We have begun discussion with Newborn Screening Program in the Philippines. The program coordinator was invited to Palau to talk and discuss with us the process they went through in getting a program started in the Philippines. In these discussions we looked into the cost of screening in the Philippines as compared to the U.S. testing costs.

We also have discussed this issue with our management and there is a strong push from mid-level to the top management in the Ministry of Health to begin these screening next year. In our discussion with the Philippine program coordinator, the cost to our program will be approximately \$20 (U.S.) per test (series of 5) as compared to \$175/test (U.S.)

c. Plan for the Coming Year

//2004// - In 2005, we will need to do an on-site visit to the program in the Philippines. to look into the process, their quality control measures in their program. After this visit, we will implement a contract with them whereby we will collect specimen send to them for laboratory-based analysis.

Performance Measure 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

Tracking Performance Measures [Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]					
Annual Objective and					

Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	50	55
Annual Indicator	0	0	0	50	72.8
Numerator					219
Denominator					301
Is the Data Provisional or Final?				Provisional	Final
	2005	2006	2007	2008	2009
Annual Performance Objective	73	75	78	81	84

Notes - 2002

We are unable to report on this measure this year. We are currently working with MCHB Central Office to finalize our SLAITS-like survey that will be conducted in 2003-2004. Results of this initial survey will be reported in the 5-Year MCH Needs Assessment. We will be in a better position to report on this measure in 2004.

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 fCommunity Assessment. For this specific Measure, data are derived from results of the SLAITS-like Survey.

a. Last Year's Accomplishments

We conducted for the first time, the SLAITS-like survey. Data from this survey were used to meet the data reporting requirements for this measure.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Review SLAITS-like survey data with collaborative partners				X
2. Conduct meeting/training to implement systems change				X
3. Implement changes			X	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2004// From the results of this survey, we will review our program and put in place, measures to address some of the issues that came out of this survey

c. Plan for the Coming Year

We will continue with this measure for the next five years. We will assess our data every two years as our population is quite small.

Performance Measure 03: *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

Tracking Performance Measures [Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]					
Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	50	55
Annual Indicator	0	0	0	0	30.9
Numerator					93
Denominator					301
Is the Data Provisional or Final?				Final	Final
	2005	2006	2007	2008	2009
Annual Performance Objective	33	35	37	40	50

Notes - 2002

Again, this is a new measure for us. The SLAITS like survey we will implement in fy 2004 will address this measure. At present we have over 480 children in our database who have special health care needs and about half of them are receiving coordinated services between two or more agencies. Our database however, does not contain opinion-based information and therefore, we cannot report on this measure until 2004-2005.

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

//2004// - From the SLAITS-like survey 26% of respondents said that a health professional helps them coordinate their child's health and other support services care needs while 20% of the respondents said that they coordinate care for their child themselves.

a. Last Year's Accomplishments

//2004// -This is one component of our survey that we performed really bad on. although this has been evident internally, we wanted to see the result of the survey so that we can use this

data to make changes.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Review SLAITS-like survey data with collaborative partners				X
2. Conduct meeting/training to implement systems change				X
3. Implement changes			X	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Systems change/improvement is part of our plan. We presented these data in our Public input sessions where the public provided us with ways/means that we can correct them.

c. Plan for the Coming Year

Carry out systems change and plans that were provided in the public input sessions.

Performance Measure 04: *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)*

Tracking Performance Measures [Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]					
Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	100	100
Annual Indicator	0	0	0	0	13.0
Numerator					39
Denominator					301
Is the Data Provisional or Final?				Provisional	Provisional
	2005	2006	2007	2008	2009
Annual					

Performance Objective	15	17	20	23	25
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Notes - 2002

The Government of Palau subsidizes over 80% of health care costs through a sliding fee scale. Children with special needs, under this arrangement are not charged fees for all healthcare provided by the Ministry of Health...these include all preventive/primary health care, hospitalization, diagnostic and emergency services. However, if they choose to receive care from private physicians, they have to absorb 100% of the charge. Additionally all tertiary medical services they receive off-island under the Medical Referral program are charged at 50% discount. This practice is same for all medical referral cases.

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

//2004// - 13% of households/families of CSHCN had private insurance coverage, however only 30% of these families responded that their insurance coverage, covers medical/healthcare costs of their children with special health care needs.

a. Last Year's Accomplishments

//2004// - Although this is quite low, preventive, primary and secondary care for children with special health care needs is free.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Discuss with collaborative group and NGO for people with disabilities to arrive at legislative solution				X
2. Draft legislation for introduction to national congress				X
3. Work with Health Committee for introduction in the congress				X
4. Assure passage of legislation through lobbying efforts by NGO				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2004// - Work on legislative mandate that will continue to provide free health/medical services if the constitutional changes goes into effect.

c. Plan for the Coming Year

Carry on current activities

Performance Measure 05: *Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

Tracking Performance Measures [Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]					
Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	50	55
Annual Indicator	0	0	0	0	34.9
Numerator					105
Denominator					301
Is the Data Provisional or Final?				Provisional	Final
	2005	2006	2007	2008	2009
Annual Performance Objective	36	38	40	42	45

Notes - 2002

Please refer to PM#2 for detailed explanation.

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

//2004 this is a response rate of respondents who said that coordination of care between health and outside agencies are in place.

a. Last Year's Accomplishments

//2004// This is another component which we scored really low in the survey. This will also be part of our discussion with our collaborative partners.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Develop and circulate a "services directory" to agencies, parents of children with special needs		X		
2. Incorporate introduction of services in the annual Family Health Conference			X	
3.				

4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Carry on activities with collaborative partners that can improve on this measure

c. Plan for the Coming Year

Carry out current activities

Performance Measure 06: *The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)*

Tracking Performance Measures [Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]					
Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective					
Annual Indicator			0	0	29.9
Numerator					90
Denominator					301
Is the Data Provisional or Final?				Provisional	Final
	2005	2006	2007	2008	2009
Annual Performance Objective	32	34	36	38	40

Notes - 2002

Again this is a new measure that we do not currently collect in our interagency database. We will be in a better position to report on this measure in 2004-2005.

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

//2004// - This is a response rate of those who said that their children receive special education

services where transition services are component of their services.

a. Last Year's Accomplishments

//2004// - In our system, this always has been part of the work that Special Education does. From this result, we may need to rethink it and plan/implement systems change that can improve this service component.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Hold collaborative meeting and identify a "single agency" to deal with all transition activities				X
2. Assist in organization of work and public awareness of this single agency				X
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Discuss with collaborative members, change practices/operational policies so that a "single agency" can be the focal point of transition services for children with special needs.

c. Plan for the Coming Year

Carry out current activities.

Performance Measure 07: Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Tracking Performance Measures [Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]					
Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	99	99	99	99	99
Annual Indicator	96.1	97.0	98.2	98.7	95.9
Numerator	298	321	334	308	462

Denominator	310	331	340	312	482
Is the Data Provisional or Final?				Final	Final
	2005	2006	2007	2008	2009
Annual Performance Objective	99	100	100	100	100

a. Last Year's Accomplishments

//2004// - Our immunization coverage for last year for the various age groups are as follows:

2 years olds = 98%

5 years olds = 97%

19 - 36 months olds = 95.9%

There has not been any outbreak or incidence of any childhood immunization preventable diseases in over a decade. In the early 2000 or 2001 there were incidence of imported cases of measles, however, due to the coverage that Palau has and also our ability to take measures to control/contain the possibility of an outbreak, there was no incidence of this diseases on the local population.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue with current activities	X	X		
2. Assure coverage of all children through chart reviews and appointment and immunization databases on a weekly basis				X
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2004// - We continue to maintain this high rate of immunization coverage.

c. Plan for the Coming Year

//2004// - In the coming year, we will assure that all our delinquents are found and immunized. These delinquents have been identified through database and chart review. In the 2 years old age group there are 6 delinquents; in the 5 years old age group there are 11 delinquents and in the 19-36 months olds, there are 20 delinquents. By the end of August 2005, all these delinquents will have been immunized.

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

Tracking Performance Measures [Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]					
Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	15	13.5	12.5	17	15
Annual Indicator	9.3	20.0	23.9	11.8	9.5
Numerator	5	6	11	5	4
Denominator	538	300	461	422	422
Is the Data Provisional or Final?				Final	Final
	2005	2006	2007	2008	2009
Annual Performance Objective	13	11	10	9	8

Notes - 2002

We continue to work with School Health, HIV/AIDS, Health Education and other school-based health program to address the issue of teen pregnancy. Most activities we have been doing in the last several years are public and school talks on the issue. We need to develop other means of communicating with adolescents that can make a difference in this performance measure.

a. Last Year's Accomplishments

//2004// - This measure has stabilized to its normal pattern in the last two years, as compared to the rate in 2002. Palau's rate of pregnancy in this age group is one of the lowest in the Pacific region. Reproductive health services are available in the comprehensive school health program, through funding from Title X, Family Planning Program. Additional resources come from the UNFPA

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Strengthen reproductive health activities through the Adolescent Health Collaborative			X	
2.				
3.				
4.				
5.				
6.				
7.				

8.				
9.				
10.				

b. Current Activities

//2004// - The Family Health Unit is partnering with Bureau of Public Health's Community Advocacy Program to expand its community education activity in all areas of adolescent health including reproductive health. We also have begun school-based physical examination program. The purpose of this program is to identify children with health problems and provide individual intervention throughout the time that the child is in school. Palau has a compulsory education law for 1st to 12th grade and therefore, at least 95% of children will be examined and intervention provided on an annual basis.

c. Plan for the Coming Year

//2004// - We will continue to intensify our work on children and adolescent preventive health services. This is in line with the political move in Palau to include preventive health services as one of the "fundamental rights" in our nation's Constitution. This is being pushed by the Director of Public Health to assure that at the end of 15 years of the Compact of Free Association with the United States, when federal funds that supports basic public health activities begin to diminish, that our Government will make sure that all preventive health services (including all services in Family Health-MCH Program) are continued to be publicly supported to assure access to all people.

Performance Measure 09: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

Tracking Performance Measures [Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]					
Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	99	99	99	99	99
Annual Indicator	81.1	82.4	78.2	81	81
Numerator		42	280		
Denominator		51	358		
Is the Data Provisional or Final?				Final	Provisional
	2005	2006	2007	2008	2009
Annual Performance Objective	83	85	87	90	93

Notes - 2002

Denominator for this age group (8 and 9 years olds) is the number of children screened.

This is a permanent activity that is collaboratively performed by FHU and Dental Division and the School-based health clinic. Staff from these programs routinely visit school to do dental education and at the same time do sealants for those kids who are found to need it. For those children who require more indepth dental work, an appointment is made for the child to have the work done in the central dental clinic.

Notes - 2003

This is an objective that is performed by the Division of Oral Health through school visits. This measure is close to 100%, however, the 81% are those children who are encountered and had their worked completed on site. Those who are absent from school or not completed due to a problem at the time of the school visits, are given appointments to come to the central Dental Clinic to have their sealants done.

Notes - 2004

//2004//This figure is an estimate for 2004. Data from dental data analysis have not been completed. These information will be available within the next few months.

a. Last Year's Accomplishments

//2004// - This measure has become a standard preventive activity with the dental services in Palau. However, there needs to be strong educational component on nutrition, personal hygiene including tooth brushing with both children and families.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Improve partnership with dental department in the school-based physical examination			X	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Discussion with dental services to be a partner in the school physical examination activity. Since parents are required to bring their children in for the PE, these education can happen during this time.

c. Plan for the Coming Year

Carry out last years activities.

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	3912	3912	3912	3912	3912
Is the Data Provisional or Final?				Final	Final
	2005	2006	2007	2008	2009
Annual Performance Objective	0	0	0	0	0

Notes - 2002

No MV death to children in this age group in the last several years.

Notes - 2004

//2004// No deaths from this cause occurred in 2004.

a. Last Year's Accomplishments

//2004// - There has been no child death due to motor vehicle crashes in this age group in the last 5 years.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue strong injury prevention and car crashes education that incorporates substance use/abuse prevention			X	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2004// - We also work with Community Advocacy Program (CAP) to provide community and general public education on safety not only on the road by all areas areas such as boating,

swimming and others.

c. Plan for the Coming Year

//2004// - We will continue with our current activities.

Performance Measure 11: *Percentage of mothers who breastfeed their infants at hospital discharge.*

Tracking Performance Measures [Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]					
Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	278	300	259	312	259
Denominator	278	300	259	312	259
Is the Data Provisional or Final?				Final	Final
	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	100	100

Notes - 2002

We have an "exclusive breastfeeding policy" in the BNH Maternity Ward. We are monitoring breastfeeding activity in the first year. At 3months it is 90%, at 6 months it is 69% and at one year it is 68%.

This is an indicator that we try to increase in the first year as it is looked at as a primary prevention measure for Otitis Media

a. Last Year's Accomplishments

//2004// - This rate continues to be high for us due to our hospital policy of no breastmilk substitute allowed in the hospital and so mothers are forced to breastfeed their babies prior to hospital discharge. We however, choose to assess exclusive and partial breastfeeding for the following ages:

3 months = 46.4% (exclusive) and 53.6% (partial)

6 months = 23.4% (exclusive) and 60.73 (partial)

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Pyramid Level of

Activities	Service			
	DHC	ES	PBS	IB
1. Lobby for a lower maternity ward charges so that we can increase minimum hospital stay to three days to encourage let-down prior to discharge		X		
2. Hire breastfeeding (community) coordinator and strenghten home visits and follow-up activities in the community	X			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
b. Current Activities				
//2004// We also began birthing/parenting education at the community level this year. In these classes we also teach breastfeeding, laboring and parenting not only to first time months/fathers but all mothers who are interested in attending. This activity was started in March in 2005 and we also implemented a monitoring/evaluation component to it. Therefore, at the end of the first, year, we will have data that wll measure its effectiveness in birth outcome, breastfeeding rate and also the ability of this program to initiate changes in the traditional practices of hospital-based obstetricians.				
c. Plan for the Coming Year				
//2004// Continue with current activities including assess data from the birthing education classes and compare them to the result of the PRAMS-like survey.				

Performance Measure 12: *Percentage of newborns who have been screened for hearing before hospital discharge.*

Tracking Performance Measures [Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]					
Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0.0	0	0	0.0	0.0
Numerator	0			0	0
Denominator	278			312	259
Is the Data Provisional or				Final	Final

Final?					
	2005	2006	2007	2008	2009
Annual Performance Objective	0	98	99	100	100

Notes - 2002

We do not perform newborn hearing screening. This continues to be our ministry's policy, however, FHU perform hearing screening at 6 months.

Notes - 2003

Palau does not perform infant hearing test at hospital discharges, however, this test is done by the age of 6 months. This is because our childhood hearing problem is not due to congenital hearing defects, but mainly due to otitis media and other middle ear diseases.

a. Last Year's Accomplishments

//2004// - Palau has not been doing this screening in the history of neonatal care.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Secure funding and develop capacity/infrastructure for neonatal hearing screening				X
2. Train medical staff who will be conducting the screening		X		
3. Communicate with Tripler Army Medical Center for consulting Audiologist		X		
4. Implement Screening		X		
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2004// - In 2005, we submitted for funding under the Universal Newborn Hearing Screening. If this funding is approved, we will have the resources to implement this program and build capacity and infrastructure to continue it. In our assessment, it is clear that hearing problems in infants begin as early as 3 - 6 months due to otitis media. Also through these assessment, we have not been able to establish the rate of hearing loss through congenital problem, however, as the child grows, these middle ear disease related hearing loss increases.

c. Plan for the Coming Year

//2004// carry on with current activities.

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0	0	0	0	0
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final
	2005	2006	2007	2008	2009
Annual Performance Objective	0	0	0	0	0

Notes - 2002

We consider all children to have health insurance as our health system is more than 80% subsidized by the Republic of Palau Government. Tertiary medical care that requires referral to tertiary hospital off-island is charged on a 50/50 cost share. All primary and preventive health services provided by the Bureau of Public Health are free of charge.

Notes - 2003

Republic of Palau has a nationalized health insurance for primary health care. It is based on a sliding fee scale. Public Health Services are provided free of charge to all people.

Notes - 2004

//2004// - Approximately 25-30% of the general population in Palau have private health/medical insurance. However, our nation heavily supplements healthcare. No one can be denied basic health services due to inability to pay. Basic Preventive Health Services which includes all services under Family Health/MCH Program are free of charge. Primary Health Care including emergency and hospital inpatient services are charged on a Sliding Fee Scale basis. However, for Children with special health care needs who have been identified in the interagency collaborative process also receive services, free of charge.

a. Last Year's Accomplishments

//2004// - In the community assessment and the SLAITS-like survey- about 25-30% of the population in Palau have private medical/health insurance. The government of Palau heavily subsidizes health care in Palau and the Ministry of Health is mandated by law to provide services to people regardless of the ability of the person to pay for the care. All preventive services in Family Health Unit are provided free of charge. Primary, Secondary and Tertiary medical care are provided on a sliding fee scale basis.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. This is not an issue for us.			X	

2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2004// Same as the past years.

c. Plan for the Coming Year

//2004// - Support the constitution change that will assure continued Palau Government Support for all services in Family Health Unit so they can continue to be free service to the general public.

Performance Measure 14: Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

Tracking Performance Measures [Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]					
Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0	0	0	0	0
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final
	2005	2006	2007	2008	2009
Annual Performance Objective	0	0	0	0	0

Notes - 2002

We do not report on this measure as Palau does not have MEDICAID program.

Notes - 2003

Palau does not report on this measure. We do not qualify for Medicaid.

Notes - 2004

//2004// - Medicaid is not available in Palau. Basic preventive and primary health care is generally available to all citizens.

a. Last Year's Accomplishments

//2004// - This measure does not apply to Palau.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. This does not apply to Palau. Palau is not a recipient of MEDICAID program			X	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2004// - This measure does not apply to Palau

c. Plan for the Coming Year

//2004// This measure does not apply to Palau

Performance Measure 15: *The percent of very low birth weight infants among all live births.*

Tracking Performance Measures [Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]					
Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	1	1	1	1	1
Annual Indicator	0.7	1.3	0.0	0.6	3.1
Numerator	2	4	0	2	8
Denominator	278	300	259	312	259
Is the Data Provisional or Final?				Final	Provisional

	2005	2006	2007	2008	2009
Annual Performance Objective	1	1	1	1	1

Notes - 2002

There were not VLBW in 2002.

a. Last Year's Accomplishments

//2004// - Pre-term births increased this year but also walk-in births with no prenatal care also increased.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Intensify signing up of pregnant moms in the birthing and parenting classes.			X	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2004// - As mentioned earlier we are increasing our activities with CAP to intensify messages in the community on the importance of prenatal care. We will also use information gleaned from our IFMR review to guide our public education programs.

c. Plan for the Coming Year

//2004// - We also plan to integrate parenting and pregnancy management related education in the Family Planning clinics clientelle.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

Tracking Performance Measures [Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]					
Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual					

Performance Objective	50	50	50	0	0
Annual Indicator	64.5	64.5	64.5	0.0	0.0
Numerator	1	1	1	0	0
Denominator	1550	1550	1550	1550	1177
Is the Data Provisional or Final?				Final	Final
	2005	2006	2007	2008	2009
Annual Performance Objective	0	0	0	0	0

Notes - 2004

//2004// - There were no suicide deaths in this age group. The deminator is a population for the age group from the 2003 Community assessment.

a. Last Year's Accomplishments

//2004// - No incidence of suiciden last year.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Intensify education in the Adolescent Health Collaborative and School Health program		X		
2. Develop and disseminate mass education on depression, suicide prevention			X	
3. Strengthen collaboration with CAP so that prevention education are routinely provided through television, newspaper, radio and community talks			X	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Intensify suicide prevention activities in the school health program and the adolescent health collaborative

c. Plan for the Coming Year

strong collaboration with other community agencies in suicide prevention

strong education on prevention of depression and support systems in communities.

strong education on hotline services and promotion of various service systems in the communities where people can go for help.

Performance Measure 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

Tracking Performance Measures [Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]					
Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0	0	0	0	0
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final
	2005	2006	2007	2008	2009
Annual Performance Objective	0	0	0	0	0

Notes - 2002

We do not report on this measure as we do not have NICU in Palau. Should a service of this nature become needed, hospitals outside of Palau (Philippines and Hawaii) will be tapped. In 2002, there were no VLBW's.

Notes - 2003

The Belau National Hospital (only hospital in Palau) does not have a Neonatal Intensive Care Unit.

Notes - 2004

//2004// - NICU is not a service of Belau National Hospital. NICU services are available in hospitals outside of Palau, mainly in the Philippines. Referrals are made to these hospitals should it be deemed necessary for pregnant mothers. However, in the past year, no referrals were made.

a. Last Year's Accomplishments

//2004// There are no NICU in Palau. These services are either accessed in Philippines or Hawaii if the need arises.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. This does not apply as we do not NICU services in the only public				

owned hospital in Palau				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2004// Same as last year.

c. Plan for the Coming Year

Same as last year. Palau does not foresee changing this policy in the near future.

Performance Measure 18: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

Tracking Performance Measures [Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]					
Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	40	45	45	44.3	51.3
Annual Indicator	30.6	28.7	36.3	29.8	30.1
Numerator	85	86	94	93	78
Denominator	278	300	259	312	259
Is the Data Provisional or Final?				Final	Final
	2005	2006	2007	2008	2009
Annual Performance Objective	37	45	52	59	66

a. Last Year's Accomplishments

//2004// - There does not seem to be a significant change in this measure in the last year. Our rate continues to be very low. One significant indication in the PRAMS-like survey is that many respondents said that they did not know that they were pregnant. When comparing these responses to medical records information, it shows that many of these women have abnormal menstruation cycle and maybe the reason why they don't show up to prenatal clinics early on. Even pre-pregnancy weight maybe also the reason why many women have abnormal mense

cycles, because when we compare pre-pregnancy weight between Palauans and Filipino women, there is a significant difference in their weight: Filipino women tend to be within the normal weight while the Palauan women are usually in the overweight and obese weight scale.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Increase education in other reproductive health clinics.		X		
2. Increase community education through tv, radio, newspapers and school talks.			X	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2004// - Strengthen prenatal education at all medium (community, public and small group talks. Implement prenatal and pregnancy education in the Family Planning clinics.

c. Plan for the Coming Year

//2004// same as last year.

D. STATE PERFORMANCE MEASURES

State Performance Measure 1: *The percentage of mothers who exclusively breastfeed their babies up to age 3 months.*

Tracking Performance Measures [Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]					
Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	35	35%	40%	67.7	72.9
Annual Indicator	54.3	59.3	69.1	57.4	46.3
Numerator	150	178	179	179	120
Denominator	276	300	259	312	259
Is the Data					

Provisional or Final?				Final	Final
	2005	2006	2007	2008	2009
Annual Performance Objective	78.1	83.3	90	95	

Notes - 2002

The objectives set for future years are based on projection process proposed by Dr. Deborah Rosenberg during the Workshop held for the Jurisdictions in the Partnership Meeting on October 2002

For details on this measure, please refer to NPM11- breastfeeding at hospital discharge.

a. Last Year's Accomplishments

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

c. Plan for the Coming Year

State Performance Measure 2: *The proportion of children ages 13-14 who receives Annual Physical Examination which includes age appropriate screening, assessment, and counseling.*

Tracking Performance Measures [Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]					
Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance	40%	50%	60%	100	100

Objective					
Annual Indicator	0	47.5	100.0	5.4	0.0
Numerator		47	342	35	0
Denominator		99	342	651	651
Is the Data Provisional or Final?				Final	Provisional
	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	100	100

Notes - 2002

Children who are found to be over or under weight are counselled and followed-up by the school health nurse. Follow-up care include working with family members and other professionals in the schools/health departments.

Notes - 2004

//2004// No child in th is age group were provided physical examination. We did a pilot for 9th graders in one of the high schools in Palau last year. This was in preparation for our 2005 school physical examination which will be required from 1st to 12th graders. We have begun this process in the remote villages of Babeldaob and will complete it for all of Palau by December 2005.

a. Last Year's Accomplishments

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

c. Plan for the Coming Year

address their needs for parenting skills, discipline, and other lifecycle issues.

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	8	8	8	9	10
Annual Indicator	8	8	8	8	8
Numerator					
Denominator					
Is the Data Provisional or Final?				Provisional	Final
	2005	2006	2007	2008	2009
Annual Performance Objective	10	10	10	10	10

Notes - 2002

FHU program is in the process of hiring care coordinators/counselors for adolescents and families to address this measure. This is an important component of our service that will be made available in 2004. We lobbied for and obtained funds from other sources to fund one of the post. Important component of these two posts is a creation of system of services that is coordinated between agencies that FHU will lead in establishing and maintaining

Notes - 2003

The Family Health Unit which oversees the implementation of the MCH Block Grant has begun development/implementation of systems for this measure. We now have two social workers in the Unit and they have stated a process of screening/intervention of pre and post natal depression. This process began on June 19, 2004. We have developed materials for use in parenting and birthing class which will be part of our prenatal services.

We have also completed our perinatal services standards and policies and procedures which include family intervention component.

Notes - 2004

//2004// - Birthing and parenting classes were implemented early this year for expecting mothers regardless of their gravida. Along with the class, data are being collected so that we can track birth outcomes of these women as compared to regular prenatal clinic moms who do not want to attend the classes.

a. Last Year's Accomplishments

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				

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b. Current Activities				
c. Plan for the Coming Year				

State Performance Measure 4: *The prevalence rate of children and youth who uses tobacco products.*

Tracking Performance Measures [Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]					
Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	35	30%	25%	20%	15%
Annual Indicator	43.3	70%	70	21.6	21.6
Numerator				144	
Denominator				667	
Is the Data Provisional or Final?				Final	Provisional
	2005	2006	2007	2008	2009
Annual Performance Objective	<15%	13	12	11	10

Notes - 2002

At the time of the writing, YRBS data for 2002 have not been analyzed. We rely on this data source for our report.

Notes - 2003

The figure for 2003 is based on the recently completed YRBS.

Notes - 2004

//2004// - This is a YRBS data from 2003. Next year for YRBS is 2005.

a. Last Year's Accomplishments

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				
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b. Current Activities				
c. Plan for the Coming Year				

State Performance Measure 5: *The percentage of women age 18 and older who received a pap test within the preceding 1 to 3 years.*

Tracking Performance Measures [Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]					
Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	25%	30	35	40	45
Annual Indicator	18.3		27.1	17.6	12.6
Numerator	1102		1637	1064	1052
Denominator	6034		6034	6034	8381
Is the Data Provisional or Final?				Final	Final
	2005	2006	2007	2008	2009
Annual Performance Objective	50	55	60	61	62

Notes - 2002

Denominator for this measure is total female population 18 and over, based on the 2000

Census.

a. Last Year's Accomplishments

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
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b. Current Activities

c. Plan for the Coming Year

State Performance Measure 6: *The rate of birth (per 1,000) for teenagers age 12 through 18 years.*

Tracking Performance Measures [Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]					
Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	20	20	18	15	<15
Annual Indicator	5.0	6.0	25.8	8.9	4.0
Numerator	5	6	26	9	4
Denominator	1006	1006	1006	1006	1006
Is the Data Provisional or Final?				Final	Provisional
	2005	2006	2007	2008	2009
Annual Performance Objective	<15	13	10	10	10

Notes - 2002

The numerator on this measure include a birth from an 11 year old.

a. Last Year's Accomplishments

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
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b. Current Activities

c. Plan for the Coming Year

State Performance Measure 7: Anemia screening for infants born with low birth weight.

Tracking Performance Measures [Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]					
Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	>95%	90%	95%	>95%	>95%
Annual Indicator	58.8	75.0	30.8	68.2	61.9
Numerator	10	9	8	15	13
Denominator	17	12	26	22	21
Is the Data Provisional or Final?				Provisional	Final
	2005	2006	2007	2008	2009
Annual Performance Objective	>95%	100	100	100	100

Notes - 2003

The figure is based on 22 chart assessed.

a. Last Year's Accomplishments

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				
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b. Current Activities

c. Plan for the Coming Year

State Performance Measure 8: *The percent of infants and children under the age of 14 years who acquire unintentional injuries requiring a visit to Emergency or Outpatient Departments.*

Tracking Performance Measures [Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]					
Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	12.5	11.0%	10.0%	9.0%	8.0%
Annual Indicator	0.3	19.0	0.4	11.1	2.2
Numerator	14	745	16	682	101
Denominator	4841	3912	3912	6146	4662
Is the Data Provisional or Final?				Final	Provisional
	2005	2006	2007	2008	2009
Annual					

Performance Objective	7.0%	6	5	5	5
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a. Last Year's Accomplishments

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				
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b. Current Activities

c. Plan for the Coming Year

State Performance Measure 9: *Percentage of infants who have been screened for hearing impairment by six month old.*

Tracking Performance Measures [Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]					
Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	100%	>95%	>95%	>95	95%
Annual Indicator	93.5	96.7	94.2	100.0	94.7
Numerator	260	290	244	312	270
Denominator	278	300	259	312	285
Is the Data Provisional or Final?				Provisional	Final
	2005	2006	2007	2008	2009
Annual Performance	>95%	100	100	100	

Objective								
a. Last Year's Accomplishments								
Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet								
Activities					Pyramid Level of Service			
					DHC	ES	PBS	IB
1.								
2.								
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10.								
b. Current Activities								
c. Plan for the Coming Year								

State Performance Measure 11: *To establish a system of intervention for adolescent (ages 12 - 19 yrs.) victims of physical/sexual abuse and child molestation*

Tracking Performance Measures [Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]					
Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective		100	100%	100	100
Annual Indicator			0	0	50
Numerator					
Denominator					
Is the Data Provisional or Final?				Provisional	Final
	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	100	100

Notes - 2002

We are in the process of hiring a staff who will work with FHU administrator to oversee the development/implementation of services for adolescents which will include this as a component of the array of services. This system will include collaborative/coordinated service delivery systems.

Notes - 2003

We are still unable to report accurately on this measure. However, we are now nearing completion of establishing a collaborative Adolescent Health Program. A Memorandum of Agreement with many agencies including the public/private schools, the Judiciary and Law Enforcement agencies is close to completion. An Adolescent Health Care Coordinator was recently hired to work with FHU Administrator to oversee the development and implementation of the Adolescent Health which will be a component of the FHU.

Notes - 2004

//2004// - This is an initiative that we have instituted in our recently created Adolescent Health Collaborative. At this time, schools in the republic have been divided into regions and there is a nurse/social worker-counselor/doctor who are members of health team for each school. We have implemented physical examination with psycho-social component for each school. Children with health risk conditions are referred to appropriate health professional with case management by counselors/social worker. This is a new initiative and we foresee a complete picture of health problems of individual child in the republic becoming evident and handled by the health department with families accordingly.

a. Last Year's Accomplishments

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				
2.				
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b. Current Activities

c. Plan for the Coming Year

E. OTHER PROGRAM ACTIVITIES

//2004// -HU also works with other programs such as HIV/AIDS to assure that pregnant women are counseled and encouraged to receive HIV testing. We attain over 95% HIV screening of our pregnant

moms. We also work with the Division of PRimary Health Care to assure that FHU services in Superdispensaries are delivered in quality manner through training of dispensary nurses. We also have assigned a WHNP to each superdispensary to work with the dispensary nurse to assure quality of care for all our services. The CSHCN/High Risk Clinic has increased to twice a week and we are now deliberating on increasing the CSHCN/High Risk Assessment Team Review to twice a month to assure compliance to our Guidelines which calls for at least 2 assessment each year for each child in the database. We have also met with two communities in the north island to introduce staff and services to their areas and hear community concerns to our services and ways that we can improve on them.

FHU also works to maintain the MOU for CSHCN assure that collaboration and databases continue. We think that unless we continue these activities, it will fall through the crack. Because of this MOU, we work with other agencies and NGO's to promote disability issues, lobby for passage of legislations that will improve the conditions of disability especially children with disabilities in Palau. We have worked in the past to change legislations, influence agency policies and services and initiate infrastructure changes that eventually benefits all people.

FHU continue to work with MOHMIS to assure that the information system is changed to accommodate information needs of the Title V MCH Block Grant. This is an on-going process and that we will continue to be a major player in the process.

F. TECHNICAL ASSISTANCE

//2004// - TA is requested to support the FHU Administrator to present at a national or regional forum our science-based activities, from service implementation, monitoring/evaluation to initiating change to address identified health issues.

V. BUDGET NARRATIVE

A. EXPENDITURES

//2004// - Funds from Title V MCH Program were used to fund salaries of key staff including 1.0FTE professional staff who continues to improve services standards, guidelines, policies and procedures. This process is necessary for establishment of official baseline requirements for our services so as we expand to other clinic sites, similar standards, guidelines and p&p's will be used along the way. They have been completed as implemented, however, as new requirements are put into programs, these documents must be edited to reflect these changes. Funds were also used to support infrastructure and capacity building developments that were necessary in developing and implementing the national adolescent health collaborative. Out of this collaborative a 5 year strategy was developed to guide the work of this collaborative and the Bureau of Public Health in working to improve adolescent health services. Additionally, the school-based physical examination is also a result of this collaborative.

The staff also include 1FTE pediatrician who work with the the Unit in the Well-child services and services for children with special health care needs. Monies are also used to support traveling of program staff to attend national and regionally required meetings/conferences. We also use monies for routine supplies in the clinics and offices. Monies were also used to support the development, implementation and analysis of both the SLAITS-like and PRAMS-like surveys including the development and implementation of the birthing and parenting education classes. This initiative is a collaborative activity between the Unit, the Community Advocacy Program and the Palau Community College. Additional monies were used for routine office supplies and phones, faxes and e-mail and internet.

B. BUDGET

Personnel - \$94,450

Justification: Funds are used to pay for key program staff. These staff including personnel who support program data systems, public health nurses who are charged with enabling/population based services such as well-baby, prenatal and post natal services. Included is a cost of .5 FTE Pediatrician who supports interagency collaborative clinic activities for Children with Special Needs.

Fringe Benefits - \$11,334

Justification: Fringe Benefits cost is a standard rate at 12% of the Personnel cost. It is broken down to 6 and 6% for both Pension Plan and Social Security.

Travel - \$20,000

Justification: Travel monies are needed to enable key staff to attend required meetings/conferences. These budgeted meetings/conferences are AMCHP, MCH Partnership Meeting and the Annual Grant Review Meeting in Hawaii including the Annual MCH Coordinators Meeting in Hawaii. Additional funds are will also be used CSN parent representatives to the Pacific Interagency Leadership Conference in CNMI in February 2005. This parent will be a co-presenter with SSDI Project Coordinator on the result of the Palau SLAITS-Like Survey. We will also use monies under this category to support inter-island travel to support the development of our service decentralization process. We envisage this process to continue for the next several years, until we are confident that services can be sustained by skilled personnel in these remote service sites.

Equipment -- \$9,000

Justification: We are requesting monies for equipment to support data systems upgrade to meet the growing program data needs. We will also use some of the monies to provide minor equipment that will enable us to provide quality prenatal and well-baby services in the remote service sites.

Supplies - \$5,000

Justification: Funds are requested under supplies to support routine supplies that support our data system capacity development and improvement.

Contractual -- \$6,132

Justification: Under this category, we request monies to be used for a consultant to assist us in assessing data for the SLAITS-Like Survey.

Others - \$2,277

Justification: Funds under this category will be used to support communication costs such as telephones, faxes, e-mail and internet access. We also budget under this category for fuel used in community out reach services including home visitations for children with special health care needs.

Trainings/Meetings - \$8,000

Justification: We will conduct annual meetings of Family Health Unit staff including non-health stakeholders of comprehensive family health services improvement. These meetings allow us to acquire public comments into our services so that we meet the grant requirements for "Public Comments/Review". We also use these meetings for public/self evaluation of our services and from the outcome of the meetings, we alter/change our services to meet the public's needs/wants.

Indirect Charges - \$11,806

Justification: This is based on 4.5% of Salary as negotiated between the Republic of Palau and the U.S. Department of the Interior.

Total Amount Requested - \$167,999

VI. REPORTING FORMS-GENERAL INFORMATION

Please refer to Forms 2-21, completed by the state as part of its online application.

VII. PERFORMANCE AND OUTCOME MEASURE DETAIL SHEETS

For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

VIII. GLOSSARY

A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. TECHNICAL NOTE

Please refer to Section IX of the Guidance.

X. APPENDICES AND STATE SUPPORTING DOCUMENTS

A. NEEDS ASSESSMENT

Please refer to Section II attachments, if provided.

B. ALL REPORTING FORMS

Please refer to Forms 2-21 completed as part of the online application.

C. ORGANIZATIONAL CHARTS AND ALL OTHER STATE SUPPORTING DOCUMENTS

Please refer to Section III, C "Organizational Structure".

D. ANNUAL REPORT DATA

This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.